NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY, INC. VERIFICATION OF CERTIFICATION REQUEST FORM

To request a notice your NCOT certification to be sent to a state regulatory board or any other agency, please complete this form. There is a \$20.00 fee for EACH verification notice. NBCOT will accept a personal check, money order or VISA/MASTERCARD (See Below). Please allow 3-4 weeks for your request to be processed and mailed. Verification fees are non-refundable.

.DO NOT SUBMIT THIS FORM IF YOU HAVE NOT YET TAKEN THE CERTIFICATION EXAMINATION.

Requests submitted without the required fee will be returned. There is a \$30.00 for any returned check. If paying by credit card you may fax this form to 301-869-8492, or, you may send payment and completed form to the following address:

NBCOT Inc. P.O.Box 64971 Baltimore, MD 21264-4971

Name (Please Print)*			Certification Number and Level Occupational Therapist Registered OTR or Certified Occupational Therapy Assistant COTA	
Home Address - new? (circle one) YES or NO			Home Phone Number	
City, State, Zip			Daytime Phone Number (Very Important)	
			Social Security Number	
State Board(s)/Agency where Verification Letter(s) to be sent			Date of Birth	
name, NBCOT needs an ori notarized) of a legal docume	ginal certified copy or ent (i.e., marriage lice	a notarized phot nse, divorce decr	ct, and you wnat the verification notice copy (i.e., copy the original documents, or court order) reflecting the nanel 1) 990-7979 x3131, or you may con	ent and have the copy ne change, attached to this
Visa Mastercard	Check/Money	Order \$	Amount of Charge	Order Date
Credit Card Number:				
Expiration Date:	/	Signature:		
	(month)(year)		Required for charge card requests	
				Revised March 3, 1998
	800 S. Frederick	Avenue Suite 20	0 * Gaithersburg, MD 20877-4150	
	(301) 990-7979 *	Fax: (301) 869-	8492 * http://WWW.NBCOT.ORG	